DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To: Prenatal Diagnosis Genetic Counselors
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 03-46 MAA
Issued: July 10, 2003

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 02-44 MAA

Subject: Prenatal Genetic Counseling: Fee Schedule Changes and Discontinued State-Unique Procedure Codes

Effective for dates of service on and after August 1, 2003, the Medical Assistance Administration (MAA) will:

- Implement the updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2003 relative value units (RVUs); **AND**
- **Discontinue** all state-unique procedure codes previously used in the Prenatal Diagnosis Genetic Counseling Billing Instructions.

Maximum Allowable Fees

MAA is updating the fee schedule with Year 2003 RVUs. The 2003 Washington State Legislature **has not appropriated a vendor rate increase** for the 2004 state fiscal year. The maximum allowable fees have been adjusted to reflect the changes listed above.

Overview

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare payers to process and pay claims using a standardized set of procedure codes. MAA is discontinuing state-unique codes and modifiers and will require the use of applicable CPT™ and HCPCS procedure codes on all submitted claims.

Discontinued State-Unique Codes

MAA currently requires a number of state-unique procedure codes to describe services provided in the Prenatal Diagnosis Genetic Counseling program. The following state-unique procedure codes will be discontinued for claims with dates of service after July 31, 2003:

State-Unique Code	Description
9060M	Initial consultation (limited)
9061M	Initial consultation (intermediate)
9062M	Initial consultation (comprehensive)
9063M	Initial consultation (complex)
9065M	Follow-up consultation (limited)
9066M	Follow-up consultation (intermediate)
9067M	Follow-up consultation (complex)

☞ **Note:** MAA will not reimburse for any of the state unique procedure codes above for claims with dates of service after July 31, 2003.

Billing for Prenatal Genetic Counseling Services Using CPT Codes

MAA will require prenatal genetic counselors to bill using the appropriate standardized CPT codes that describe the services performed.

Use the standardized CPT codes on page 3 to describe the services provided. Refer to the current CPT book for complete descriptions of these procedure codes.

Attached are replacement pages to MAA's Prenatal Diagnosis Genetic Counseling Billing Instructions listing the appropriate procedure codes to use when billing for services under this program.

☞ **Note:** Due to MAA's licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT code descriptions. For full descriptions, please refer to the current CPT book.

Initial Office Visits

Use these codes when the client self-refers to the prenatal genetics counselor.

Discontinued Codes	Appropriate Procedure Code	Brief Description	Limits
9060M 9061M 9062M 9063M	99201	Office/outpatient visit, new	Limited to one initial office visit or consultation per client, per pregnancy (office or inpatient)
	99202	Office/outpatient visit, new	
	99203	Office/outpatient visit, new	
	99204	Office/outpatient visit, new	
	99205	Office/outpatient visit, new	

Initial Office Consultations

Use these codes when another provider refers the client. The provider number of the referring provider must be included in the "ID Number of Referring Physician" box of the claim form in order to receive reimbursement.

Discontinued Codes	Appropriate Procedure Code	Brief Description	Limits
9060M 9061M 9062M 9063M	99241	Office consultation	Limited to one initial office visit or consultation per client, per pregnancy (office or inpatient)
	99242	Office consultation	
	99243	Office consultation	
	99244	Office consultation	
	99245	Office consultation	

Initial Inpatient Consultations

Use these codes when another provider refers the client. The provider number of the referring provider must be included in the "ID Number of Referring Physician" box of the claim form in order to receive reimbursement.

Discontinued Codes	Appropriate Procedure Code	Brief Description	Limits
9060M 9061M 9062M 9063M	99251	Initial inpatient consult	Limited to one initial office visit or consultation per client, per pregnancy (office or inpatient)
	99252	Initial inpatient consult	
	99253	Initial inpatient consult	
	99254	Initial inpatient consult	
	99255	Initial inpatient consult	

Confirmatory Consultations

Use these codes when the consultant is providing an opinion and/or advise only (e.g. second opinion) and the consultant is aware of the confirmatory nature. Any services subsequent to the opinion are coded using the appropriate E&M code for an established patient.

Discontinued Codes	Appropriate Procedure Code	Brief Description	Limits
9065M 9066M 9067M	99271	Confirmatory consultation	Limited to two follow-up consultations per client, per pregnancy (office or inpatient)
	99272	Confirmatory consultation	
	99273	Confirmatory consultation	
	99274	Confirmatory consultation	
	99275	Confirmatory consultation	

Follow-Up Office Visits or Consultations

Follow-up visits in the consultant's office that are initiated by the physician consultant are reported using office visit codes for established patients.

Discontinued Codes	Appropriate Procedure Code	Brief Description	Limits
9065M 9066M 9067M	99211	Office/outpatient visit, est	Limited to two follow-up office visits or consultations per client, per pregnancy (office or inpatient)
	99212	Office/outpatient visit, est	
	99213	Office/outpatient visit, est	
	99214	Office/outpatient visit, est	
	99215	Office/outpatient visit, est	

Follow-Up Inpatient Consultations

Use these codes when another provider refers the client. The provider number of the referring provider must be included in the "ID Number of Referring Physician" box of the claim form in order to receive reimbursement.

Discontinued Codes	Appropriate Procedure Code	Brief Description	Limits
9065M 9066M 9067M	99261	Follow-up inpatient consult	Limited to two follow-up office visits or consultations per client, per pregnancy (office or inpatient)
	99262	Follow-up inpatient consult	
	99263	Follow-up inpatient consult	

Attached are replacement pages 7-8 and 13-14b to MAA's Prenatal Diagnosis Genetic Counseling, dated October 2000. To obtain this document electronically, go to MAA's website at http://maa.dshs.wa.gov (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

Coverage

What is covered?

MAA covers **one initial consultation** and **two follow-up consultations** per client, per pregnancy (11-month period) regardless of the provider or the place of service.

If a consultant initiates diagnostic or therapeutic services at the request of the provider, the service qualifies as a consultation. The purpose of a consultation is to provide a professional opinion and/or advice. The consultant must notify the client's healthcare provider in writing that he/she is initiating treatment at the provider's request and what course of action is being followed. A follow-up consultation involves the consultant's re-evaluation of a client for whom he/she previously rendered an opinion or advice.

Initial Consultations

MAA covers the following initial consultations:

- New Patient Office Visits: CPT codes 99201-99205

  ✓ *Use these codes when the client self-refers to the prenatal genetics counselor.*

- Office Consultations: CPT codes 99241 through 99245

  ✓ *Use these codes when another provider refers the client. The provider number of the referring provider must be included in the "ID Number of Referring Physician" box of the claim form in order to receive reimbursement.*

- Inpatient Consultations: CPT codes 99251 through 99255

  ✓ *Use these codes when another provider refers the client. The provider number of the referring provider must be included in the "ID Number of Referring Physician" box of the claim form in order to receive reimbursement.*

- Confirmatory Consultations: CPT codes 99271 through 99275

  ✓ *Use these codes when the consultant is providing an opinion and/or advise only (e.g. second or third opinion) and the consultant is aware of the confirmatory nature. Any services subsequent to the opinion are coded using the appropriate E&M code for an established patient.*

Follow-up Consultations

MAA covers the following follow-up consultations:

- Follow-Up Office Visits and Consultations: CPT codes 99211 through 99215

  ✓ *Follow-up visits or consultations in the consultant's office that are initiated by the physician consultant are reported using office visit codes for established patients.*

- Follow-Up Inpatient Consultations: CPT codes 99261 through 99263

  ✓ *Use these codes when another provider refers the client. The provider number of the referring provider must be included in the "ID Number of Referring Physician" box of the claim form in order to receive reimbursement.*

What is not covered?

MAA does not cover telephone or email consultations for prenatal diagnosis genetic counseling.

- ✓ To an official of a penal or other custodial institution in which the patient is detained;

- ✓ To provide directory information, unless the patient has instructed the health care provider not to make the disclosure;

- ✓ In the case of a hospital or health care provider to provide, in cases reported by fire, police, sheriff, or other public authority, name, residence, sex, age, occupation, condition, diagnosis, or extent and location of injuries as determined by a physician, and whether the patient was conscious when admitted.

- A health care provider [must] disclose health care information about a patient without the patient's authorization if the disclosure is:

  - ✓ To federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information; when needed to determine compliance with state or federal licensure, certification or registration rules or laws; or when needed to protect the public health;

  - ✓ To federal, state, or local law enforcement authorities to the extent the health care provider is required by law;

  - ✓ To county coroners and medical examiners for the investigations of deaths;

  - ✓ Pursuant to compulsory process in accordance with RCW 70.02.060.

Notifying Clients of Their Right to Make Their Own Health Care Decisions

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed health care organizations are federally mandated to give all adult clients written information about their rights, under state law, to make their own health care decisions.

Clients have the right to:

- Accept or refuse medical treatment;
- Make decisions concerning their own medical care; and
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care.

Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT procedure code descriptions. To view the full descriptions, refer to your current CPT book.

Procedure Code	Brief Description	7/1/03 Maximum Allowable Fee NFS	FS
Initial Office Visits			
99201	Office/outpatient visit, new	$23.75	$15.50
99202	Office/outpatient visit, new	42.25	30.75
99203	Office/outpatient visit, new	62.50	47.00
99204	Office/outpatient visit, new	89.00	69.50
99205	Office/outpatient visit, new	113.50	92.50
Initial Office Consultations			
99241	Office consultation	29.12	20.25
99242	Office consultation	54.15	41.41
99243	Office consultation	71.44	55.28
99244	Office consultation	101.69	81.90
99245	Office consultation	131.95	108.52
Initial Inpatient Consultations			
99251	Initial inpatient consult	21.39	21.39
99252	Initial inpatient consult	42.77	42.77
99253	Initial inpatient consult	58.70	58.70
99254	Initial inpatient consult	84.40	84.40
99255	Initial inpatient consult	116.03	116.03
Confirmatory Consultations			
99271	Confirmatory consultation	25.94	14.33
99272	Confirmatory consultation	40.50	27.30
99273	Confirmatory consultation	53.01	38.45
99274	Confirmatory consultation	72.57	55.51
99275	Confirmatory consultation	91.46	73.03

NFS = Non-facility Setting; FS = Facility Setting

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Procedure Code	Brief Description	7/1/03 Maximum Allowable Fee NFS	FS
Follow-Up Office Visits or Consultations			
99211	Office/outpatient visit, est	$14.00	$6.00
99212	Office/outpatient visit, est	24.75	15.50
99213	Office/outpatient visit, est	34.50	23.25
99214	Office/outpatient visit, est	54.00	38.00
99215	Office/outpatient visit, est	79.00	61.25
Follow-Up Inpatient Consultations			
99261	Follow-up inpatient consult	13.42	13.42
99262	Follow-up inpatient consult	26.85	26.85
99263	Follow-up inpatient consult	39.81	39.81

NFS = Non-facility Setting; FS = Facility Setting

☞ **Note:** MAA covers **one initial office visit or consultation** and **two follow-up office visits or follow-up consultations** per client, per pregnancy regardless of the provider or the place of service.

Blank page due to reformatting of fee schedule